

The U.N. Population Fund: Background and the U.S. Funding Debate

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Summary

The United Nations Population Fund (UNFPA), established in 1969, is the world's largest source of population and reproductive health programs and the principal unit within the United Nations for global population issues. In 2009, the organization provided services in 155 developing and transition countries, with funds totaling \$783.1 million, drawn primarily from voluntary contributions made by nations and some foundations.

The United States, with strong support from Congress, was an important actor in the launch of UNFPA in 1969. During the mid-to-late 1960s, Congress began to express heightened concern over the impact of rapid population growth on development prospects in poor countries. In 1967, Congress earmarked funds for population assistance programs, urging the United States to channel family planning resources through the United Nations and other international organizations.

Since it was established, UNFPA has transitioned from an organization focused on statistical collection and analysis to an agency providing maternal and child health/family planning assistance. UNFPA played a large role in shaping the 1994 International Conference on Population and Development, held in Cairo. The Cairo Conference marked a turning point in the international debate over the impact of population issues on global development, and established a policy framework called the Plan of Action that continues to guide current family planning and reproductive health policies, including the work of UNFPA. The Plan integrated population concerns into the broad context of development—concluding that education and health, including reproductive health, were prerequisites for sustainable development.

In the past three decades, there has been continuing and contentious debate within the United States, especially among Members of Congress, as to whether the United States should financially support UNFPA. This debate has centered on the extent to which, if any, UNFPA aids China's coercive family planning programs and policies. In 15 of the past 25 years, the United States did not contribute to the organization as a result of executive branch determinations that UNFPA's program in China violated the "Kemp-Kasten" amendment, which bans U.S. aid to organizations involved in the management of coercive family planning programs. From FY2002 through FY2008, the George W. Bush Administration found UNFPA ineligible for funding under the Kemp-Kasten amendment.

In March 2009, President Barack Obama expressed his support for UNFPA and announced that the United States would contribute \$50 million to the organization as directed in the Omnibus Appropriations Act, 2009 (P.L. 111-8). On December 16, 2009, President Obama signed the Consolidated Appropriations Act, 2010 (P.L. 111-117). Division F of that bill, the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2010, directed that \$55 million should be made available for UNFPA. For FY2011, the Obama Administration requested \$50 million for U.S. contributions to UNFPA, which would be drawn from the International Organizations and Programs account (IO&P).

While UNFPA receives voluntary contributions from many countries and some private foundations, most of its income comes from a handful of donors. The Netherlands, Sweden, and Japan have consistently been the largest contributors. In 2009, the U.S. contribution to UNFPA was the fourth-largest donation, representing approximately 9.5% of UNFPA's annual regular budget.

This report will be updated as events warrant.

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Introduction

The United Nations Population Fund (UNFPA), which began operations in 1969 as the U.N. Fund for Population Activities, is the world's largest source of population and reproductive health programs and the principal unit within the United Nations for global population issues. In 2009, the organization provided services in 155 developing and transition countries, with funds totaling \$783.1 million, drawn exclusively from voluntary contributions made by governments and some foundations.

In the past three decades, there has been continuing and contentious debate within the United States, and especially among Members of Congress, as to whether the United States should financially contribute to UNFPA. The debate has centered on the extent to which, if any, UNFPA aids China's coercive family planning programs and policies. In 15 of the past 25 years, the United States has been one of the leading contributors to UNFPA. For the other years, the United States withheld funding to the organization through the so-called "Kemp-Kasten" amendment that has been included in foreign operations appropriations since FY1985. Kemp-Kasten states that U.S. funds will not be made available to any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization.

U.S. contributions to UNFPA will likely be considered during the second session of the 111th Congress as part of the debate on the annual State-Foreign Operations appropriations bill and other related legislation. From FY2002 through FY2008, the George W. Bush Administration found UNFPA ineligible for U.S. funding under Kemp-Kasten and transferred proposed annual contributions to other foreign aid activities. In March 2009, President Barack Obama announced that the United States would resume U.S. contributions to UNFPA, specifying that \$50 million would be made available to the organization as directed in the Omnibus Appropriations Act, 2009 (P.L. 111-8). In FY2010, the United States provided \$55 million to UNFPA as required by Division F of the Consolidated Appropriations Act, 2010 (P.L. 111-117). For FY2011, the President requested that the United States contribute \$50 million to the organization.

This report provides an overview of the U.N. Population Fund, its current mission and operations, and recent funding trends. It further discusses the role of the United States in supporting UNFPA programs, the varying interpretations by several Administrations of legislative authorities pertaining to UNFPA's eligibility for U.S. resources, and congressional debates over how much and under what conditions the United States should voluntarily contribute to UNFPA. Finally, it reviews the findings of several private and U.S. government investigations of China's family planning programs and the role UNFPA plays in their implementation.

UNFPA: Origins and Operations

The United Nations, since its earliest days, has maintained an interest in population issues. In 1947, the United Nations established a Population Commission that collected and analyzed global population data and supported member government efforts to examine information about national populations. Following several years of U.N. debate over the rapid rise of the world's population, the General Assembly approved a resolution in 1966 calling on the United Nations and other international organizations to extend technical assistance on population matters.

In 1967, the U.N. Secretary-General created a Trust Fund for Population Activities, which in 1969 was renamed the U.N. Fund for Population Activities (UNFPA). Initially, UNFPA was administered by the United Nations Development Program (UNDP), the organization's primary

international development organ. Within a few years, at the direction of the General Assembly, UNFPA had expanded its operations beyond statistical collection and analysis to the provision of maternal and child health/family planning, communication and education, and population policy assistance. By 1972, UNFPA was operating in 78 countries with a budget of over \$30 million. With such rapid growth in the Fund's scope and programs, UNFPA became a separate entity under the direct authority of the General Assembly, with the same status as UNDP and the U.N. Children's Fund (UNICEF).¹

In these initial years, the United States provided the majority of UNFPA funding through voluntary contributions. In 1968 and 1969, when seven governments extended financial support, the \$4 million transfer by the United States represented nearly 80% of total contributions. By 1972, the number of donors had grown to 52, but the United States remained by far the largest source of funds, with 46% of the total. Over the next decade, the U.S. share declined to about 25% as other nations increased their contributions.

UNFPA and World Population Conferences: 1974 and 1984

UNFPA played a significant role in the World Population Conferences, held a decade apart in Bucharest (1974) and Mexico City (1984). Following the 1974 meeting of 133 nations, the U.N. General Assembly called for the expansion of international population assistance, with UNFPA taking a lead role, to implement the plan of action endorsed at the Bucharest Conference. Partially due to the growing attention on world population issues, UNFPA operations expanded rapidly during this period. The scope of UNFPA's work also broadened, so that by the early 1980s, the organization focused on eight primary areas:

- family planning, including delivery systems and fertility regulation techniques;
- data collection;
- formulation and evaluation of population policies and programs;
- communications and education;
- population dynamics, including demographic projections and their analysis;
- implementation of policies and programs, including efforts "beyond family planning" related to law and population, status of women, and economic policies;
- special programs focusing on women, children, the elderly, the disabled, and programs to promote social justice; and
- multisector activities, including support for population conferences and training.²

The 1994 Cairo Conference and UNFPA's Changing Mandate

UNFPA was a major catalyst in organizing, financing, and implementing outcomes of the 1994 International Conference on Population and Development (ICPD), held in Cairo. The Cairo Conference marked a turning point in the international debate over the impact of population issues on global development and established a policy framework that continues to guide current family planning and reproductive health policies. The Plan of Action that emerged from the Cairo Conference, to a much greater extent than before, integrated population concerns into the broad context of development, concluding that education and health (including reproductive health),

¹ *UNFPA: What it Is; What it Does*, UNFPA, 1983; and "UNFPA at 30 Years—Fact Sheets," UNFPA, October 26, 1999. (Hereafter cited as UNFPA, *What it Is; What it Does*.)

² *UNFPA. What it Is; What it Does*, 1983.

were prerequisites for sustainable development. The Conference shifted population program strategies away from demographic goals and toward human welfare and poverty reduction objectives. The Conference further focused far more attention on the status and empowerment of women. Moving beyond strictly health issues, the conference endorsed programs to promote expanded opportunities for the education of women and girls, to end gender discrimination and violence against women, and to strengthen women's grassroots activist organizations.³

Since the Cairo Conference, UNFPA programs have and continue to be guided by the ICPD's Program of Action, which contains several goals, including universal access to reproductive health services by 2015; universal primary education and closing the gender gap in education by 2015; reducing maternal mortality by 75% by 2015; reducing infant mortality; and increasing life expectancy. In 1999, an additional goal—reducing HIV infection rates in persons 15-24 years of age by 25% in the most-affected countries by 2005 and by 25% globally by 2010—was incorporated into the Program of Action and integrated into UNFPA's work.⁴

UNFPA Operations Today

UNFPA is headquartered in New York City and supports five regional, six sub-regional, and 129 field offices worldwide. It has approximately 1,119 staff members and in 2009 operated in 155 countries, areas, and territories.⁵

In 2009, UNFPA's total income was \$783.1 million, a decrease of approximately \$62 million from 2008 (see **Table 1**). The organization attributes this decline to the global economic downturn. UNFPA derives most of its income from voluntary contributions to its regular budget which finances continuing core country programs and the organization's administrative costs. A growing but less flexible source of revenue has been from supplementary donations that are provided either for cost-sharing purposes or for placement in trust funds. Through supplementary resource transfers, donors can earmark exactly how their contributions will be spent. In 2000, for example, the Netherlands provided \$41 million specifically to procure contraceptive commodities.

Table 1. UNFPA Income, 1997 to 2009

(current \$ in millions)

Year	Regular	Supplemental	Total
1997	\$293	\$33	\$326
1998	\$273	\$36	\$309
1999	\$250	\$38	\$288
2000	\$262	\$104	\$366
2001	\$268	\$128	\$396
2002	\$260	\$113	\$373

³ See CRS Report 94-533, *Population and Development: The 1994 Cairo Conference*, by Curt Tarnoff (out of print; available to congressional clients on request from the author).

⁴ UNFPA background, at <http://www.unfpa.org/hiv/index.htm>.

⁵ *UNFPA Annual Report 2009*, at <http://www.unfpa.org/public/home/publications/pid/6057>.

Year	Regular	Supplemental	Total
2003	\$292	\$106	\$398
2004	\$332	\$174	\$506
2005	\$366	\$199	\$565
2006	\$389	\$216	\$605
2007	\$457	\$295	\$752
2008	\$469	\$376	\$845
2009	\$486	\$297	\$783

Source: UNFPA annual reports.

While UNFPA receives voluntary contributions from many countries and from some private foundations, most of its income for regular country programs and operating expenses comes from a handful of donors. In the past eight years, approximately 60% to 75% of UNFPA's regular income has come from six country donors (see **Table 2**). The Netherlands and Japan have consistently been the largest contributors. In 2009, the first year the United States contributed to UNFPA since 2001, it was the fourth-largest donor, representing approximately 9.5% of the UNFPA regular budget.

Table 2. UNFPA Major Contributors, 2000 to 2009

(contribution as a % of UNFPA regular income)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Netherlands	19.3%	18.8%	21.1%	23.1%	21.8%	20.8%	19.3%	17.5%	16.1%	16.6%
Japan	18.4%	18.2%	15.2%	13.5%	11.9%	10.2%	8.5%	7.3%	6.3%	6.2%
Norway	8.8%	9.0%	9.7%	11.3%	10.0%	10.3%	10.5%	12.8%	10.1%	9.9%
Denmark	9.1%	8.8%	8.7%	8.7%	8.9%	8.4%	8.0%	7.1%	10.2%	8.1%
U.K.	8.5%	8.2%	10.2%	10.3%	11.1%	10.0%	9.7%	8.8%	6.5%	7.1%
Sweden	7.1%	6.2%	7.3%	8.2%	10.8%	13.3%	14.2%	13.3%	13%	12.1%
United States	8.2%	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.5%

Source: UNFPA annual reports, CRS calculations.

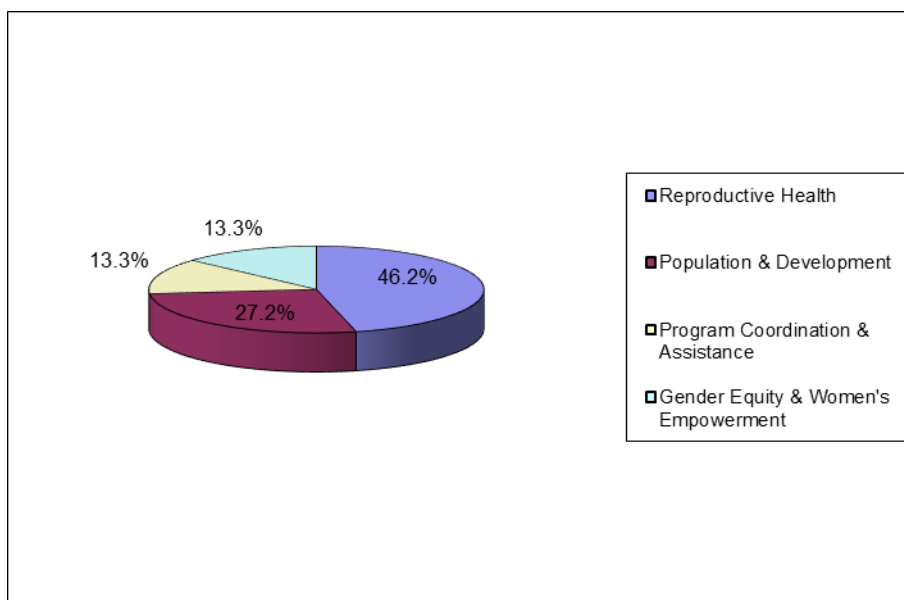
UNFPA Program Priorities

Currently, UNFPA activities focus on seven program areas that support the broad strategy of improving reproductive health:

- **Preventing HIV/AIDS**—promoting safer sexual behavior among young people, ensuring that condoms are available and widely and correctly used, empowering women to protect themselves and their children, and encouraging men to take responsibility for preventing the spread of HIV/AIDS;
- **Making motherhood safer**—expanding the availability of emergency obstetric care for women who develop complications, having skilled workers available, and meeting unmet needs for contraceptive services;

- **Supporting young people**—providing accurate information, counseling, and services to prevent unwanted pregnancies and sexually transmitted diseases;
- **Promoting gender equality**—promoting legal and policy reforms, supporting gender-sensitive data collection, and backing programs that empower women economically;
- **Assisting in emergencies**—providing supplies and services to protect reproductive health during disasters;
- **Securing reproductive health supplies**—coordinating the delivery of supplies, forecasting needs, and building logistical capacity at the country level; and
- **Preventing and treating obstetric fistula**⁶—providing access to medical care, increasing education and family planning services, postponing pregnancy for young girls, improving girls' nutrition, and repairing physical and emotional damage.⁷

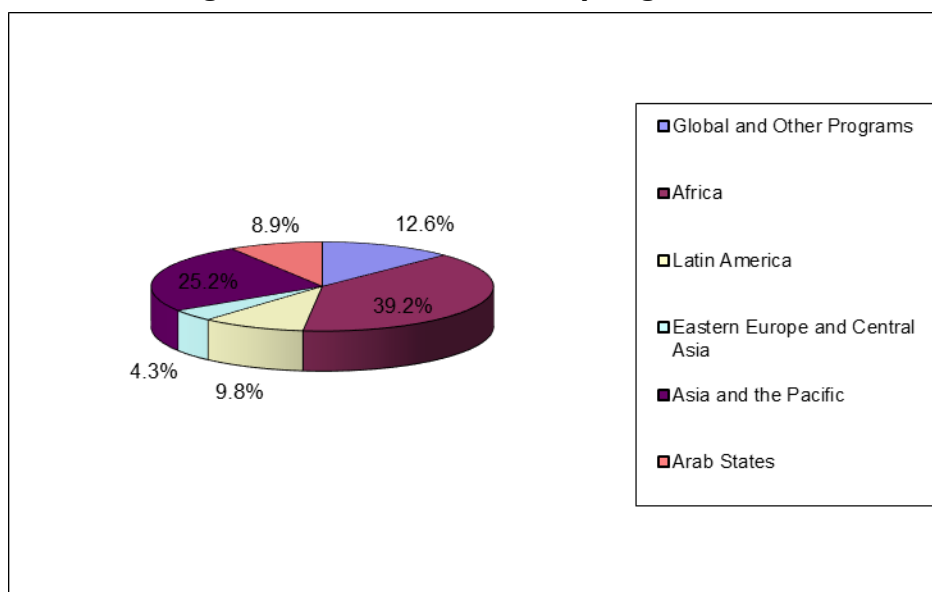
Figure I. UNFPA Program Functions, 2009



Source: UNFPA Annual Report, 2009.

⁶ Obstetric fistula occurs from prolonged child labor, particularly when labor lasts two days or more. When a woman or girl is unable to push her baby out, the pressure from the baby's head can interrupt blood flow to tissues in the pelvic area. Ultimately, the woman passes the baby after it dies, as the decomposed body is smaller than the live one. This can cause incontinence, nerve damage, and chronic pain, which can make walking difficult. For more information on UNFPA activities regarding fistula, see CRS Report RS21773, *Reproductive Health Problems in the World: Obstetric Fistula: Background Information and Responses*, by Tiaji Salaam-Blyther.

⁷ For more information on UNFPA activities and areas of focus, see <http://www.unfpa.org/public/about>.

Figure 2. UNFPA Assistance by Region, 2009

Source: UNFPA Annual Report, 2009.

In the years since the Cairo Conference, UNFPA has allocated roughly 60% of its annual resources to reproductive health and family planning service programs and 20% to strategies for population and development. The balance of UNFPA spending focuses on coordinating activities, gender equity, and women's empowerment programs.⁸ (See **Figure 1** for UNFPA program functions in 2009.)

Regional and Country Program Focus

Over the past decade, roughly 33% of UNFPA programs have been carried out in sub-Saharan Africa, with an additional 28% focused in Asia. In 2009, UNFPA maintained its largest program in Sudan (\$19.90 million), followed by Ethiopia (\$16.38 million), and the Democratic Republic of the Congo (\$16.32 million). (See **Figure 2** for UNFPA assistance by region in 2009.) UNFPA program expenditures in China have ranged between \$4 million and \$6 million annually in recent years. In 2009, UNFPA contributed approximately \$4.57 million to projects in China. In 2008, it contributed \$6.76 million.

U.S. Policy Towards UNFPA

The United States was an important actor in the launch of UNFPA in 1969. During the mid-to-late 1960s, Congress began to express heightened concern over the impact of rapid population growth on development prospects in poor countries, noting that the world's population was growing by about 2% annually compared with only a 1% growth in food production. In 1967, for the first time, Congress amended the Foreign Assistance Act of 1961 to specifically authorize and earmark funds for population assistance programs, urging the United States especially to channel family planning resources through the United Nations and other international organizations. Some Members believed that such earmarks were necessary because the State Department and the U.S.

⁸ *UNFPA Annual Report 2008* and *Annual Report 2009*. Additional data also drawn from prior-year annual reports. UNFPA's 2010 annual report has not yet been published.

Agency for International Development (USAID) had not been giving the issue adequate attention.⁹

These initial U.S. contributions, however, were conditioned on the requirement that other donors match the American payment in an equal amount. This incentive helped UNFPA exceed its 1970 projected resource goal when 22 other countries contributed a combined \$7.7 million. In 1971, with the same matching requirement tied to the U.S. pledge of \$15 million, UNFPA received donations of \$14.5 million from 45 nations.¹⁰ As shown in **Table 3**, U.S. contributions continued to climb throughout the 1970s and early 1980s. At the same time, however, the number and size of transfers from other donors rose faster, so that the share of UNFPA resources from the United States declined from 50% to around 27%.

In FY2009, the U.S. contribution to UNFPA peaked at \$50 million. For FY2010, UNFPA is expected to receive \$55 million from the United States, the largest U.S. contribution to date. The highest UNFPA contribution earmarked by Congress prior to FY2009—\$46 million—was enacted in the FY1985 foreign aid appropriation, P.L. 98-461. However, only a portion of these funds—\$36 million—was transferred to the organization as U.S. policy and its support for UNFPA shifted.

1984 Review of U.S. Funding for UNFPA

In August 1984, government representatives from around the world met in Mexico City for the 2nd U.N. International Conference on Population. At the conference, the Ronald Reagan Administration announced new eligibility requirements for organizations receiving U.S. bilateral population assistance funds. The new policy stipulated that no non-governmental organizations (NGOs) that received population assistance funding from the United States could actively promote or perform abortion as a family planning method in other countries. This change became known as the “Mexico City policy” and was applied by the Reagan and George H.W. Bush Administrations for nine years, reversed by President Bill Clinton in 1993, and reinstituted by President George W. Bush in 2001.¹¹

Table 3. U.S. Contributions to UNFPA, FY1968-FY2010

(current \$ in millions)

Fiscal Year	U.S. Contribution	% of Total UNFPA Funds	Fiscal Year	U.S. Contribution	% of Total UNFPA Funds
1968	\$1.7	79.3%	1990	\$0.0	—
1969	\$2.3	79.3%	1991	\$0.0	—
1970	\$7.5	50.0%	1992	\$0.0	—
1971	\$14.2	50.0%	1993	\$0.0	—
1972	\$14.0	46.1%	1994	\$40.0	15.1%
1973	\$17.9	42.2%	1995	\$35.0	11.2%
1974	\$20.0	37.0%	1996	\$22.8	7.4%

⁹ U.S. Congress. Senate Committee on Foreign Relations. *Foreign Assistance Act of 1967; report to accompany S. 1872*. S.Rept. 90-499. August 9, 1967, p. 24.

¹⁰ U.S. Agency for International Development. Development and Humanitarian Assistance; FY1973 Program Presentation to Congress. p. L-15.

¹¹ For a discussion of the Mexico City policy and its eligibility requirements, see CRS Report RL30830, *International Family Planning: The “Mexico City” Policy*, by Larry Nowels.

Fiscal Year	U.S. Contribution	% of Total UNFPA Funds	Fiscal Year	U.S. Contribution	% of Total UNFPA Funds
1975	\$20.0	31.7%	1997	\$25.0	8.6%
1976	\$20.0	25.2%	1998	\$20.0	7.2%
1977	\$29.0	31.6%	1999	\$0.0	—
1978	\$28.0	27.2%	2000	\$21.5	8.1%
1979	\$30.0	26.7%	2001	\$21.5	8.0%
1980	\$32.0	25.7%	2002	\$0.0	—
1981	\$32.0	26.3%	2003	\$0.0	—
1982	\$33.8	26.1%	2004	\$0.0	—
1983	\$33.8	26.1%	2005	\$0.0	—
1984	\$38.2	27.5%	2006	\$0.0	—
1985	\$36.0	27.3%	2007	\$0.0	—
1986	\$0.0	—	2008	\$0.0	—
1987	\$0.0	—	2009	\$50.0	9.5%
1988	\$0.0	—	2010	\$55.0	To be determined

Sources: Department of State, USAID, and CRS percentage calculations.

Also at the 1984 Mexico City Conference, the Reagan Administration announced it would establish requirements for UNFPA to provide assurances that the organization was not engaged in, or was not providing funds for, abortion or coercive family planning programs. Concerns focused on UNFPA's activities related to China's coercive family planning practices. UNFPA had launched its first program in China in 1980, focusing largely on increasing Beijing's capacity for data collection and improving maternal and child health and family planning services. At the time, the Administration reportedly held up \$19 million (of \$38 million allocated for UNFPA for FY1984) until the organization could provide the necessary assurances. These funds were released later in FY1984.

Following the Mexico City Conference, attention returned to the FY1985 UNFPA earmark of \$46 million and how much the United States should transfer, given the new White House policy. USAID, which at the time maintained responsibility for managing UNFPA contributions, undertook a review in early 1985 of UNFPA's program, especially in China, to determine whether the organization was involved in any way with involuntary abortions.¹² In March 1985 that review found that UNFPA did not include involuntary abortion as part of its programs, and therefore did not violate legislative restrictions or conditions announced at the Mexico City Conference on funding organizations engaged in involuntary practices.¹³

As a result, UNFPA remained eligible for U.S. support but did not receive the full earmarked amount of \$46 million. On March 30, 1985, USAID contributed \$36 million to UNFPA, withholding \$10 million "to express United States disapproval of coercion in the implementation of the China population control program."¹⁴ The \$10 million matched roughly the amount

¹² More recently, responsibility for UNFPA voluntary contributions has shifted to the State Department and the Bureau of Population, Refugees, and Migration.

¹³ Action Memorandum for the Administrator/Acting Director of IDCA. *1985 Funding for the United Nations Fund for Population Activities (UNFPA)*, September 25, 1985, p. 1.

¹⁴ Ibid.

UNFPA spent annually in China. Because AID wanted to re-program the \$10 million for other bilateral population assistance programs, the Administration needed to overcome the specific legislative earmark of \$46 million in the FY1985 appropriation. Accordingly, the White House requested authority as part of an FY1985 supplemental appropriation submission to shift \$10 million from UNFPA to other population aid groups.

The Kemp-Kasten Amendment

Rather than approve the Reagan Administration's request for authority to transfer the \$10 million from UNFPA, Congress agreed to the "Kemp-Kasten" amendment as part of the FY1985 Supplemental Appropriations bill, H.R. 2577.¹⁵ The amendment states that U.S. funds would not be made available to "any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization."¹⁶ The House Appropriations Committee did not provide details on what was meant by the phrase, "support or participate in the management" of a program. However, in the "additional views" section of the Committee Report, Representative Jack Kemp stated that management of coercive programs may include providing resources to collect and analyze data necessary to the enforcement of such a program; training of the individuals who plan, manage, and carry out such a program, education and publicity about the programs; assistance to the official bodies of government that are charged with developing and implementing such a program; and other such assistance.¹⁷

Congressman Kemp also stated that the amendment would most likely affect U.S. funding of the UNFPA, "because of its involvement with the program of coercive abortion in the People's Republic of China."¹⁸ The Kemp-Kasten amendment was enacted on August 15, 1985, as part of the FY1985 Supplemental Appropriations Act (P.L. 99-88).

Implementation and Court Challenges

Despite the directive from the amendment that the President, or alternatively the Secretary of State, issue any determination regarding the Kemp-Kasten amendment, President Reagan delegated his authority to the Secretary of State on September 19, 1985,¹⁹ who in turn authorized the re-delegation of this authority to the Director of the International Development Cooperation Agency (IDCA).²⁰ On September 25, 1985, IDCA Administrator Peter McPherson announced the

¹⁵ Initially, the amendment was referred to as the Kemp-Inouye provision, so named after its original sponsors, Representative Jack Kemp, ranking Member of the House Foreign Assistance Appropriations Subcommittee, and Senator Daniel Inouye, Ranking Member of the Senate Foreign Assistance Appropriations Subcommittee. Senator Inouye later opposed the Administration's decision not to fund UNFPA, as well as the fact that the decision was delegated from the President to the Secretary of State to the Administrator for USAID. For the next several years, Senator Bob Kasten, Chairman/Ranking Minority Member of the Foreign Assistance Subcommittee, was a strong supporter of the amendment, and the provision came to be referred to as "Kemp-Kasten."

¹⁶ S.Amdt. 338 to H.R. 2577, 99th Congress, June 20, 1985. Enacted as P.L. 99-88.

¹⁷ U.S. House. Committee on Appropriations. Supplemental Appropriations, 1985, H.Rept. 99-142, May 22, 1985, p. 86.

¹⁸ Ibid.

¹⁹ A USAID memorandum drafted at the time noted that the Administration did not view congressional expectations that the President (or if delegated, the Secretary of State) should make the determination for UNFPA funding as legally binding. However, it was "considered significant" by the executive branch.

²⁰ IDCA had been established by Congress as a government entity to oversee and coordinate the activities of all U.S. foreign aid agencies, and the IDCA Director served simultaneously as the USAID Administrator.

Administration's determination that UNFPA, because of its activities in China, was participating in the management of a program of coercive abortion and involuntary sterilization. In letters to congressional leaders, Administrator McPherson cited Representative Kemp's interpretation, as set out in his additional views in H.Rept. 99-142, of what characterized the participation of an organization in a coercive abortion program. The Administrator concluded that China's "one-child-per-couple policy has resulted in coerced abortion and involuntary sterilization."²¹

The Reagan Administrator further announced that since the Kemp-Kasten amendment and his determination under it now superseded the \$46 million UNFPA earmark for FY1985, USAID would reprogram \$10 million for voluntary family planning programs for use elsewhere in the world. He also stated that if Kemp-Inouye was enacted again in FY1986, UNFPA could receive funds under only three conditions: (1) UNFPA withdraws its program from China; (2) China would begin to punish abuses concerning coercive abortion and involuntary sterilizations; or (3) UNFPA "radically" changes its program in China, such as by supplying only contraceptive materials.²²

Almost immediately, the Population Institute, an NGO, filed suit against Administrator McPherson and the U.S. government to block the redirection of UNFPA funds and invalidate the determination. On August 12, 1986, the Court upheld the Administration's decision to withhold UNFPA funding.

From 1986 to 1992, USAID continued to request funds for UNFPA, although with the understanding that a decision on whether to transfer the money would be reviewed under the terms of the Kemp-Kasten amendment, which Congress also continued to enact each year in the foreign assistance appropriations. In each year, USAID found that UNFPA was ineligible for U.S. support.

Reinterpretation of Kemp-Kasten by the Clinton Administration

The issue of coercive practices within China's family planning program and the role of UNFPA remained controversial throughout the Clinton Administration. As one of his first acts as chief executive, President Clinton reversed the Mexico City policy of Presidents Reagan and Bush, and issued a determination finding that UNFPA programs in China did not violate the terms of Kemp-Kasten. The policy reversal was based on several factors, including the following:

- **Ambiguity of the Kemp-Kasten language**—The Administration noted that the Court of Appeals, in considering the case brought by the Population Institute, deferred to the USAID interpretation of Kemp-Kasten because it was a "reasonable reading of an ambiguous provision and did not otherwise conflict with the expressed intention of Congress." The Administration argued that because of this ambiguity, the new Administration had a right to interpret Kemp-Kasten for itself.
- **Over-reliance on the 1985 statements by Representative Kemp**—The Administration pointed especially to the 1985 Court of Appeals opinion that questioned the relevance of the additional views of Representative Kemp interpreting the Kemp-Inouye amendment. The Court observed that, although the Administration considered Representative Kemp's remarks as the clearest

²¹ Letter from IDCA Acting Director Peter McPherson to Senator Hatfield, Chairman of the Senate Appropriations Committee, September 25, 1985, p. 2.

²² Ibid, p. 2.

explanation of an “ambiguous term,” Congressman Kemp could not convince his colleagues to adopt his views in the committee report itself.

- **Focus should be on the terms “coercive” and “involuntary” and the intent of the organization in question**—The Clinton Administration believed that it was reasonable to apply the Kemp-Kasten restrictions only in cases where the organization knowingly and intentionally provided direct support for, or helped manage people or agencies who were clearly engaged in, coercive abortion or involuntary sterilization. The Administration concluded that although it remained concerned about coercive practices in China, it believed that UNFPA did not “knowingly” or “intentionally” support directly such practices.²³

Congress continued to include Kemp-Kasten language in Foreign Operations Appropriations acts, and in most years attached additional conditions on UNFPA contributions that required the organization to (1) keep U.S. funds in a separate account, (2) not spend U.S. money in China, and (3) to forego transfers from the United States equal to the amount UNFPA allocated for its China program. In some years, the United States withheld about \$3.5 million from UNFPA, an amount that approximated the size of UNFPA’s expenditures in China.

For a brief period in 1997, the controversy over whether to fund UNFPA subsided when UNFPA’s program in China expired and new activities did not resume immediately. Nevertheless, despite opposition from the United States, UNFPA re-established a program in China, and in FY1999 appropriation legislation, Congress prohibited all U.S. contributions to the organization. Congress restored funding in FY2000, but with the requirement that an amount equal to UNFPA expenditures in China be withheld. This resulted in a \$3.5 million deduction in FY2000 and FY2001. (See the **Appendix** for details on Administration actions and legislative restrictions regarding UNFPA funding from FY1985 to FY2011.)

George W. Bush Administration and the Kemp-Kasten Amendment

The first budget submitted by President Bush for FY2002 included a proposed \$25 million U.S. contribution to UNFPA. While the new Administration reinstated the so-called “Mexico City policy” restrictions that applied to bilateral family planning funds, there was no indication of a change in policy regarding UNFPA and the Kemp-Kasten conditions attached to U.S. contributions. Subsequently, in the FY2002 Foreign Operations Appropriations, Congress provided “not more than” \$34 million for UNFPA. Although such language represented a ceiling for the amount of funds for UNFPA, as opposed to a floor, or minimum amount that must be provided, the language was similar to prior year Foreign Operations bills that had been fulfilled by the Clinton Administration, minus the withholding requirement.

However, in the face of the conflicting evidence released in late 2001 by the Guy and Biegan investigation teams (see section “UNFPA and China” for further details on the group’s findings), in mid-January 2002, the White House placed a hold on U.S. contributions to UNFPA pending a review of the organization’s program in China. In a statement before the Senate Foreign Relations Committee on February 27, 2002, Assistant Secretary of State for Population, Refugees and Migration Arthur Dewey noted that the legislative text regarding UNFPA funding—“not more than \$34 million”—gave the Administration considerable discretion over exactly how much to provide UNFPA. While stating that the United States supported UNFPA’s work worldwide to provide safe and voluntary family planning, enhance maternal and infant health, and prevent the

²³ These policy views are drawn from letters of USAID Administrator Brian Atwood to Senator Helms, dated August 6 and September 10, 1993.

spread of HIV/AIDS, the Administration remained concerned about periodic reports of abuse and coercion in China's family planning program. Given new information and the requirements of the Kemp-Kasten amendment, Assistant Secretary Dewey argued that the State Department was obligated to investigate the matter further before releasing any funds in FY2002.²⁴

State Department Assessment and Findings

The State Department sent an investigation team to China for a two-week review of UNFPA programs on May 13, 2002. The team was led by former Ambassador William Brown, and included Bonnie Glick, a former State Department official, and Dr. Theodore Tong, a public health professor at the University of Arizona. The State Department's assessment team filed its report with Secretary Powell on May 29, making a series of findings and recommendations.²⁵ The group found that

- there was no evidence that UNFPA "has knowingly supported or participated in the management of a program of coercive abortion or involuntary sterilization" in China;
- despite some relaxation of government restrictions in counties where UNFPA operates, China maintained coercive elements in its population programs in law and practice; and
- Chinese leaders viewed "population control as a high priority" and remained concerned over implications for socioeconomic change.

On the basis of these findings, Ambassador Brown and his colleagues recommended that (1) the United States should release not more than \$34 million of previously appropriated funds to UNFPA; (2) until China ends all forms of coercion in law and practice, no U.S. government funds should be allocated to population programs in China; and (3) appropriate resources, possibly from the United States, should be allocated to monitor and evaluate Chinese population control programs.

UNFPA Found in Violation of Kemp-Kasten by the Bush Administration

President Bush withheld U.S. funding from UNFPA from FY2002 through FY2008 due to concerns that the organization supported or participated in what the Administration viewed as a program of coercive abortion and involuntary sterilization in China. These decisions were made in response to the findings and recommendations of the Brown investigation. The Administration consistently maintained that it would be willing to reconsider its position if UNFPA ended its program in China or if the program was restructured in a way consistent with U.S. law.²⁶

On July 22, 2002, then-Secretary of State Powell, to whom President Bush had delegated the decision, announced that UNFPA remained in violation of Kemp-Kasten and ineligible for U.S. funding. The State Department's analysis of the Secretary's determination found that even though UNFPA did not "knowingly" support or participate in a coercive practice, that alone would not

²⁴ Senate Committee on Foreign Relations, *U.S. Funding for the U.N. Population Fund: The Effect on Women's Lives*. Committee Hearings, February 2002.

²⁵ *Report of the China UN Population Fund (UNFPA) Independent Assessment Team*, released by the Department of State on May 29, 2002. See <http://www.state.gov/g/prm/rls/rpt/2002/12122.htm> for the report's full text.

²⁶ In 2008, for example, a Bush Administration official stated, "We are prepared to consider funding UNFPA in the future if its program in China is ended or restructured in a way consistent with U.S. law, or if China ends its program of coercive abortion and involuntary sterilization." See press statement by Tom Casey, Deputy Spokesman, "Fiscal Year 2008 Funding for the United Nations Population Fund (UNFPA)," U.S. Department of State, June 27, 2008.

preclude the application of Kemp-Kasten. Instead, a finding that the recipient of U.S. funds—in this case UNFPA—simply supports or participates in such a program, whether knowingly or unknowingly, would trigger the restriction. The assessment team found that the Chinese government imposes fines and penalties on families (“social compensation fees”) that have children exceeding the number approved by the government. The Department further noted that UNFPA had funded computers and data-processing equipment that had helped strengthen the management of the Chinese State Family Planning Commission. Beyond the legitimate uses of these and other items financed by UNFPA, such equipment facilitated, in the view of the State Department, China’s ability to impose social compensation fees or perform abortions by coercion. The State Department analysis concluded that UNFPA’s involvement in China’s family planning program “allows the Chinese government to implement more effectively its program of coercive abortion.”²⁷

Obama Administration Kemp-Kasten Determination

President Barack Obama has expressed his support for UNFPA. On March 24, 2009, a State Department spokesperson confirmed that the U.S. government would contribute \$50 million to UNFPA in FY2009 as provided by the Omnibus Appropriations Act, 2009 (P.L. 111-8). This decision, according to Administration officials, highlights the President’s “strong commitment” to international family planning, women’s health, and global development.²⁸ In FY2010 and FY2011, the President requested that the United States contribute \$50 million to UNFPA during each fiscal year.

Legislative Action, FY2009 through FY2011

This section addresses the most recent legislative actions regarding U.S. contributions to UNFPA. See the **Appendix** for a description of Administration activities and legislative actions since 1985.

FY2011 Request

For FY2011, the Obama Administration requested \$50 million for U.S. contributions to UNFPA, which would be drawn from the International Organizations and Programs account (IO&P). This contribution, according to the Administration, would place the United States in line with other top UNFPA donors and “signal strong support” for the organization. When putting forth its request, the Administration also emphasized that UNFPA does not support abortion as a means of family planning.²⁹

FY2010 Administration Request and Appropriations

On December 16, 2009, President Obama signed the Consolidated Appropriations Act, 2010 (P.L. 111-117). Division F of that bill, the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2010, directed that \$55 million shall be made available for UNFPA under the International Organizations and Programs (IO&P) account. As in previous years, certain conditions applied, including that

²⁷ Department of State, *Analysis of Determination that Kemp-Kasten Amendment Precludes Further Funding to UNFPA under P.L. 107-115*. Released on July 18, 2002.

²⁸ Department of State press release, “U.S. Government Support for the United Nations Population Fund (UNFPA),” March 24, 2009.

²⁹ Congressional Budget Justification, Foreign Operations, FY2011, U.S. Department of State, pp. 132, 161-162.

- none of the funds made available may be used by UNFPA for a country program in China;
- U.S. contributions to UNFPA must be kept in an account separate from other accounts at UNFPA and should not commingle with other sums; and
- for UNFPA to receive U.S. funding, it must not fund abortions.

The bill also established related reporting requirements for the Secretary of State. Not later than four months after the enactment of the act, the Secretary was required to submit a report to the Committees on Appropriations indicating the funds UNFPA is budgeting for a country program in China. If the Secretary's report indicated that funds will be spent on such a program, then the amount of such funds shall be deducted from the funds made available to UNFPA for the remainder of the fiscal year in which the report is submitted.

For FY2010, the Obama Administration had requested that the United States contribute \$50 million to UNFPA under the IO&P account.³⁰

FY2009 Appropriations

On March 11, 2009, President Obama signed the Omnibus Appropriations Act, 2009 (P.L. 111-8). Division H of that bill, the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2009, allocated \$50 million for UNFPA. It specified that not more than \$30 million of this amount should be derived from the IO&P account. The remaining amount should be made available from the Global Health and Child Survival (GHCS) account.

In addition, Section 7079 of P.L. 111-8 established a number of conditions for U.S. contributions to UNFPA. Specifically, none of the funds made available should be used by UNFPA for a country program in China.³¹ In addition:

- Funds appropriated by the act “that are not made available because of the operation of any provision of law, shall be made available to UNFPA notwithstanding any such provision of law.” Some expressed concern that this provision takes away the authority of the President to determine whether UNFPA is eligible for U.S. contributions under the Kemp-Kasten amendment.
- U.S. contributions to UNFPA shall be made available for specific purposes, including (1) providing and distributing safe equipment, medicine and supplies; (2) supplying contraceptives to prevent unintended pregnancies and the spread of sexually transmitted diseases; (3) preventing and treating obstetric fistula; (4) reestablishing maternal health services in areas with poor infrastructure; (5) promoting the abandonment of female genital cutting; and (6) promoting access to basic services such as water, sanitation, food, and health care.
- U.S. contributions to UNFPA must be kept in a separate account by the organization and should not commingle with other sums.
- For UNFPA to receive U.S. funding, it must not fund abortions.

³⁰ Congressional Budget Justification, Foreign Operations, FY2010, U.S. Department of State, pp. 27, 91, 193.

³¹ The bill also established related reporting requirements for the Secretary-of-State. No later than 60 days after the enactment of P.L. 111-8, the Secretary was required to submit a report to the Committees on Appropriations indicating the funds UNFPA budgeted for a country program in China. If the Secretary's report indicated that funds would be spent on such a program, then the amount of such funds should be deducted from the funds made available to UNFPA for the remainder of the fiscal year in which the report was submitted. (See Sec. 7079(e)(1) and (e)(2).)

On March 24, 2009, the Obama Administration announced that the United States would contribute \$50 million (as directed in P.L. 111-8) to UNFPA under the Kemp-Kasten amendment.

The Bush Administration had previously requested \$25 million for UNFPA funding if the organization was deemed eligible under the Kemp-Kasten amendment. The funds would be appropriated under the Child Survival and Health Programs account.³²

UNFPA and China

One issue that has been debated among many Members of Congress and past and current Administrations involves whether, and to what extent, UNFPA programs in China violate the Kemp-Kasten amendment. As previously mentioned, initial UNFPA programs in China concentrated on bolstering China's capacity for data collection and analysis, and maternal and child health/family planning activities. Following the Cairo population conference in 1994 and the conclusion of UNFPA's third Chinese program, UNFPA and Beijing officials began to discuss significant changes for a fourth agreement that would more closely follow the principles set out in Cairo.

The subsequent UNFPA program, launched in 1998, concentrated efforts in 32 counties where birth targets and quotas had been eliminated by the Chinese government. The fourth program shifted from a more administrative family planning approach—focusing on population control and imposed contraceptive methods and orders—to an “integrated, client-oriented reproductive health approach in the project counties” that included education and counseling regarding informed choice of contraceptive methods and reproductive health rights. According to UNFPA, service delivery points were upgraded to offer integrated reproductive health services in both the Chinese State Family Planning Commission and the Ministry of Health. UNFPA said that there had been a “downward trend” in the abortion ratio in these counties, and that the organization had played a “catalytic role in introducing a comprehensive, voluntary reproductive health approach,” that included rigorous monitoring of the projects.³³ The fifth program, covering the period 2003-2005, expanded many of the earlier initiatives.

In June 2005, UNFPA approved a sixth program for China that began in 2006 and spans five years. The \$27 million program is to build on the policy changes made in 1998 and includes two components. The reproductive health element seeks to increase the utilization of high-quality, client-centered, gender-sensitive reproductive health and family planning services, and to reduce the vulnerability and risk behavior associated with HIV/AIDS among migrants, young people, and other vulnerable groups. The population and development component centers on strengthening the government's capacity for addressing population-related policies, especially those regarding gender, migration, and aging issues, and enhancing the government's ability to collect and apply surveillance data, particularly data related to HIV/AIDS.³⁴

Investigations of UNFPA Programs in China

During implementation of the fourth and fifth programs, UNFPA's operations in China have been closely scrutinized by several investigatory teams, including one dispatched by the State

³² Appendix, Congressional Budget Justification, Foreign Operations, FY2009, p. 815, available at <http://www.whitehouse.gov/omb/budget/FY2009/pdf/appendix/sta.pdf>.

³³ UNFPA, *Country Programme Outline for China*. DP/FPA/CPO/CHN/5*, July 12, 2002. UNFPA, *Report of the International Review Team on the UNFPA China Country Programme*, October 2001.

³⁴ UNFPA, *Country Programme Document for China*. DP/FPA/CPD/CHN/6, October 10, 2005.

Department in 2002. Most of these groups concluded that UNFPA was not involved in supporting coercive or involuntary family planning programs in China, although one—sponsored by the Population Research Institute (PRI)—concluded otherwise. These conflicting reports, together with continuing reviews of UNFPA practices in China and varying interpretations by U.S. officials, sparked renewed controversy and extensive congressional debate beginning in 2001 over the appropriate role of the United States in financially supporting UNFPA operations worldwide. The four non-U.S. government sponsored investigations came to the following conclusions.

The Population Research Institute

PRI's report concluded that UNFPA "directly supports coercive family planning with funding, and through its complicity with the implementation of policies which are fundamentally coercive in principle and practice." The PRI team, led by Josephine Guy, spent four days in Sihui County, Guangdong Province, in late September 2001, conducting numerous interviews with alleged victims and witnesses of coercive practices. According to the team's interview notes and videos, non-voluntary abortions and use of IUDs, mandatory examinations, and punishment for non-compliance—both imprisonment and economic fines—continued in this county which was among the 32 in which UNFPA supported programs.³⁵

The Biegan Group

This team found that UNFPA plays a "positive and important catalytic role in the reform of reproductive health and family planning services in China" and in moving China away from coercive family planning practices and abuses. It recommended that UNFPA continue its program in China and expand its scope and resources in the future.³⁶ This UNFPA-sponsored review team, led by Ambassador Nicolaas Biegan, former Dutch Ambassador to the U.N. and including diplomats from Honduras, the Czech Republic, and Botswana, conducted a six-day investigation in October 2001, interviewing officials and visiting sites in Beijing and in Sihui and Qianjiang Counties.

British All-Party Parliamentary Group on Population, Development, and Reproductive Health

The British parliamentary team found that although problems remain in some parts of China regarding reproductive rights, the Chinese government was "moving in the right direction, with the support of UNFPA." The bi-partisan group spent a week in Beijing and Yunnan Province in April 2002, reporting that UNFPA programs were having a "positive effect" in reforming Chinese reproductive health services and offering women "a choice over their own lives."³⁷

³⁵ Population Research Institute, *UNFPA, China, and Coercive Family Planning*. December 12, 2001. See also two congressional hearings in which Josephine Guy testified: House Committee on International Relations, *Coercive Population Control in China: New Evidence of Foreign Abortion and Forced Sterilization*. Committee Hearing, October 17, 2001; and Senate Committee on Foreign Relations, *U.S. Funding for the U.N. Population Fund: The Effect on Women's Lives*. Committee Hearings, February 2002.

³⁶ UNFPA, *Report of the International Review Team on the UNFPA China Country Programme*, October 2001. Senate Committee on Foreign Relations, *U.S. Funding for the U.N. Population Fund: The Effect on Women's Lives*. Committee Hearings, February 2002.

³⁷ China Mission Report by UK MP's, 1st April - 9th April 2002. Found at <http://www.appg-popdevrh.org.uk>.

The Interfaith Delegation to China

This group returned from a September 2003 visit finding, among other things, that the Chinese government was taking steps to end coercive family planning practices, that UNFPA was a major force in China's transition to voluntary policies, and that UNFPA did not support or participate in managing China's family planning program. While the group acknowledged that in such a brief trip it could not gain a comprehensive view of China's family planning activities or the work of UNFPA, it felt confident in recommending that the United States should maintain a policy of constructive engagement with China regarding family planning matters, and that U.S. funding for UNFPA should be restored, and the Kemp-Kasten amendment revised. The nine-member mission was sponsored by Catholics for a Free Choice.³⁸

Possible Kemp-Kasten Application Beyond UNFPA

Critics of the Administration policy, including some Members of Congress, have expressed concern over what they perceive to be a shift in the interpretation of Kemp-Kasten restrictions related to UNFPA and other international organizations. They point to a USAID notification to the Global Health Council that the agency would not provide funding for the Council's 31st annual meeting in June 2004 because UNFPA would be a participant. Some believe that this represented a State Department warning to UNICEF, the World Health Organization, and other organizations that continued involvement in joint programs with UNFPA might jeopardize their funding support from the United States.³⁹

In 2003, the State Department decided that it would fund a \$1 million HIV/AIDS program supporting African and Asian refugees only if the implementing NGO group—Reproductive Health for Refugees Consortium—did not include Marie Stopes International among its members. Marie Stopes International is a British-based reproductive health organization that is also a major implementing partner of UNFPA in China. The State Department, while not making a legal determination under the Kemp-Kasten amendment, felt that an action not to fund Marie Stopes International would be the “approach most consistent with U.S. policy.”⁴⁰ On August 11, 2003, however, the Consortium declined to accept the \$1 million grant due to the exclusion of Marie Stopes International.

³⁸ Catholics for a Free Choice. *The United Nations Population Fund in China: A Catalyst for Change*. Report of an Interfaith Delegation to China. 2003.

³⁹ Christopher Marquis, “U.S. is Accused of Trying to Isolate U.N. Population Unit,” *New York Times*, June 21, 2004. Letter to Secretary of State Colin Powell from Representatives Maloney, Lee, Waxman, and Crowley, June 18, 2004.

⁴⁰ *Details for Funding the Reproductive Health Consortium (Taken Question)*, Office of the State Department's Spokesman, August 27, 2003.

Appendix. UNFPA Administration Policy and Legislative Conditions, FY1985 to FY2011

Fiscal Year	Administration Budget Request	Congressional Action/Legislative Conditions Enacted	Funding and Policy Outcome
1985	\$26 million for UNFPA.	<p>Regular FY1985 appropriation: —Not less than \$46 million, or 16% of Population Assistance, whichever is lower, shall be made available for UNFPA. *****</p> <p>Supplemental FY1985 appropriation: —Kemp-Kasten conditions first enacted.</p>	UNFPA received \$36 million, after the withholding of \$10 million to express U.S. disapproval of coercion in China's family planning program.
1986	\$38 million for UNFPA.	—Kemp-Kasten conditions. —No specific UNFPA provision.	No UNFPA funding.
1987	\$32 million for UNFPA, subject to Kemp-Kasten.	—Kemp-Kasten conditions. —No specific UNFPA provision.	No UNFPA funding.
1988	\$25 million for UNFPA, subject to Kemp-Kasten.	—Kemp-Kasten conditions. —No specific UNFPA provision.	No UNFPA funding
1989	\$20 million for UNFPA, subject to Kemp-Kasten.	—Kemp-Kasten conditions. —No specific UNFPA provision.	No UNFPA funding.

Fiscal Year	Administration Budget Request	Congressional Action/Legislative Conditions Enacted	Funding and Policy Outcome
1990	\$19.39 million for UNFPA, subject to Kemp-Kasten.	<p>Appropriation passed Congress but vetoed by the President:</p> <p>—Not less than \$15 million shall be made available for UNFPA, notwithstanding the Kemp-Kasten conditions.</p> <p>—No funds for UNFPA may be used in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account and UNFPA does not commingle amounts with other sums.</p> <p>—Entire \$15 million shall be refunded if any used by UNFPA for family planning programs in China or used for any abortion related activity in any country.</p> <p>*****</p> <p>Subsequent appropriation signed by the President:</p> <p>—Kemp-Kasten conditions.</p> <p>—No specific UNFPA provision.</p>	<p>No UNFPA funding</p> <p>Earlier, \$15 million appropriation for UNFPA vetoed by the President.</p>
1991	\$10 million for UNFPA, subject to Kemp-Kasten	<p>—Kemp-Kasten conditions.</p> <p>—No specific UNFPA provision.</p>	No UNFPA funding
1992	\$10 million for UNFPA, subject to Kemp-Kasten.	<p>—Kemp-Kasten conditions.</p> <p>—No specific UNFPA provision.</p>	No UNFPA funding
1993	No UNFPA funding.	<p>—Kemp-Kasten conditions.</p> <p>—No specific UNFPA provision.</p>	No UNFPA funding.
1994	\$50 million for UNFPA.	<p>—Not more than \$40 million shall be made available for UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No funds for UNFPA may be used in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account and does not commingle amounts with other sums.</p> <p>—Not more than half of the UNFPA contribution may be provided before March 1, 1994.</p> <p>—Secretary of State report to Congress by Feb. 15, 1994, regarding the amount of UNFPA's budget for China. Whatever amount for China above \$10 million shall be deducted after March 1 from the \$40 million U.S. contribution.</p>	UNFPA received \$40 million from the United States.
1995	\$60 million for UNFPA.	<p>—Not more than \$50 million shall be made available for UNFPA, subject to Kemp-Kasten conditions.</p>	UNFPA received \$35 million from the United States, after a rescission of \$15 million.

Fiscal Year	Administration Budget Request	Congressional Action/Legislative Conditions Enacted	Funding and Policy Outcome
		<p>—No funds for UNFPA may be used in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account and does not commingle amounts with other sums.</p> <p>—Not more than half of the UNFPA contribution may be provided before March 1, 1995.</p> <p>—Secretary of State report to Congress by Feb. 15, 1995, regarding the amount of UNFPA's budget for China. Whatever amount for China above \$7 million shall be deducted after March 1 from the \$50 million U.S. contribution.</p> <p>*****</p> <p>—In separate legislation, Congress rescinded \$15 million of the original \$50 million appropriation for UNFPA.</p>	
1996	\$55 million for UNFPA.	<p>—Not more than \$30 million shall be made available for UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No funds for UNFPA may be used in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account and does not commingle amounts with other sums.</p> <p>—Not more than half of the UNFPA contribution may be provided before March 1, 1996.</p> <p>—Secretary of State report to Congress by Feb. 15, 1996, regarding the amount of UNFPA's budget for China. Whatever amount for China above \$7 million shall be deducted after March 1 from the \$30 million U.S. contribution.</p>	UNFPA received \$22.8 million from the United States, after a withholding of \$7.2 million.
1997	\$30 million for UNFPA.	<p>—Not more than \$25 million shall be made available for UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No funds for UNFPA may be used in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account and does not commingle amounts with other sums.</p> <p>—Not more than half of the UNFPA contribution may be provided before March 1, 1997.</p> <p>—Secretary of State report to Congress by Feb. 15, 1997, regarding the amount of UNFPA's budget for China. Whatever amount for China shall be deducted after March 1 from the \$25 million U.S. contribution.</p>	UNFPA received \$25 million from the United States.
1998	\$30 million for UNFPA.	<p>—Not more than \$25 million shall be made available for UNFPA, subject to Kemp-Kasten conditions.</p>	UNFPA received \$20 million from the United States, after a withholding of \$5 million.

Fiscal Year	Administration Budget Request	Congressional Action/Legislative Conditions Enacted	Funding and Policy Outcome
		<p>—No funds for UNFPA may be used in China.</p> <p>No UNFPA funds available unless UNFPA maintains amounts in a separate account and does not commingle amounts with other sums.</p> <p>—Not more than half of the UNFPA contribution may be provided before March 1, 1998.</p> <p>—Secretary of State report to Congress by Feb. 15, 1998, regarding the amount of UNFPA's budget for China. Whatever amount for China shall be deducted after March 1 from the \$25 million U.S. contribution.</p>	
1999	\$25 million for UNFPA.	<p>—No funds may be made available for UNFPA.</p> <p>—Kemp-Kasten conditions included in enacted appropriation.</p>	UNFPA received no funding from the United States.
2000	\$25 million for UNFPA.	<p>—Not more than \$25 million shall be made available for UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No funds for UNFPA may be used in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account, does not commingle amounts with other sums, and does not fund abortions.</p> <p>—Secretary of State report to Congress by Feb. 15, 2000, regarding the amount of UNFPA's budget for China. Whatever amount for China shall be deducted after March 1 from the \$25 million U.S. contribution.</p>	UNFPA received \$21.5 million from the United States, after a with-holding of \$3.5 million.
2001	\$25 million for UNFPA.	<p>—Not more than \$25 million shall be made available for UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No funds for UNFPA may be used in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account, does not commingle amounts with other sums, and does not fund abortions.</p> <p>—Secretary of State report to Congress by Feb. 15, 2001, regarding the amount of UNFPA's budget for China. Whatever amount for China shall be deducted after March 1 from the \$25 million U.S. contribution.</p>	UNFPA received \$21.5 million from the United States, after a withholding of \$3.5 million.
2002	\$25 million for UNFPA.	<p>—Not more than \$34 million shall be made available for UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No funds for UNFPA may be used in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account, does not commingle amounts with other sums, and does not fund abortions.</p>	<p>Secretary of State determined that UNFPA was not eligible under Kemp-Kasten conditions.</p> <p>UNFPA received no funding from the United States.</p> <p>FY2002 UNFPA funds reprogrammed for bilateral family planning/ maternal & re-</p>

Fiscal Year	Administration Budget Request	Congressional Action/Legislative Conditions Enacted	Funding and Policy Outcome
			productive health activities in several developing countries.
2003	\$25 million “reserve” available for UNFPA, subject to Kemp-Kasten conditions.	<p>—Not more than \$34 million in FY2002 appropriations and an equal amount from FY2003 appropriations shall be available for UNFPA if the President determines that UNFPA no longer supports or participates in the management of a program of coercive abortion or involuntary sterilization.</p> <p>—No funds for UNFPA may be used in China.</p> <p>—Other abortion restrictions in this act or in the FY2002 appropriation shall apply to UNFPA funding.</p> <p>—FY2002 conditions on UNFPA funding shall apply to FY2003 appropriations.</p> <p>—UNFPA funds deducted by the amount UNFPA spends in China in 2002 and 2003.</p>	<p>President did not issue a finding that UNFPA no longer supports or participates in the management of a program of coercive abortion or involuntary sterilization.</p> <p>UNFPA received no funding from the United States.</p> <p>FY2003 UNFPA funds reprogrammed for assistance for “vulnerable children” and made available for a new initiative for assistance for young women, mothers and children who are victims of trafficking in persons.</p>
2004	\$25 million reserve available for UNFPA, subject to Kemp-Kasten conditions.	<p>—Up to \$34 million shall be available to UNFPA, subject to Kemp-Kasten conditions.</p> <p>—FY2002 UNFPA funds shall be made available for family planning, maternal & reproductive health activities in the Democratic Republic of the Congo, Ethiopia, Nigeria, Tanzania, Uganda, Haiti, Georgia, Azerbaijan, Russia, Albania, Romania, and Kazakhstan.</p> <p>—FY2003 UNFPA funds shall be allocated for assistance for “vulnerable children” and made available for a new initiative for assistance for young women, mothers and children who are victims of trafficking in persons.</p> <p>—No UNFPA funds available for programs in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account, does not commingle amounts with other sums, and UNFPA does not fund abortions.</p>	<p>Secretary of State determined that UNFPA was not eligible under Kemp-Kasten conditions.</p> <p>UNFPA received no funding from the United States.</p> <p>FY2004 UNFPA funds transferred to the Economic Support Fund account, with the intention to use in support of anti-trafficking in persons programs. Subsequently, FY2005 Foreign Operations Appropriations directed that of the FY2004 funds not provided to UNFPA, \$12.5 million shall be available for anti-trafficking programs, and \$12.5 million shall be available for AID family planning programs.</p>

Fiscal Year	Administration Budget Request	Congressional Action/Legislative Conditions Enacted	Funding and Policy Outcome
2005	\$25 million reserve available for UNFPA, subject to Kemp-Kasten conditions.	<p>—\$34 million shall be available to UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No UNFPA funds available for programs in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account, does not commingle amounts with other sums, and UNFPA does not fund abortions.</p> <p>—If FY2005 funds are not made available to UNFPA, they shall be transferred to the Child Survival/Health account and used by USAID for family planning, maternal, and reproductive health activities.</p> <p>—Of the FY2004 funds earmarked for UNFPA, \$12.5 million shall be available for anti-trafficking programs and \$12.5 million shall be available for USAID for family planning, maternal, and reproductive health activities in Albania, Azerbaijan, the Democratic Republic of the Congo, Ethiopia, Georgia, Haiti, Kazakhstan, Kenya, Nigeria, Romania, Russia, Rwanda, Tanzania, Uganda, and Ukraine.</p>	<p>Secretary of State determined that UNFPA was not eligible under Kemp-Kasten conditions.</p> <p>UNFPA received no funding from the United States.</p>
2006	<p>If UNFPA determined eligible for U.S. funds under the terms of Kemp-Kasten, \$25 million could be drawn from USAID's Child Survival and Health Account.</p>	<p>—\$34 million shall be available to UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No UNFPA funds available for programs in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account, does not commingle amounts with other sums, and UNFPA does not fund abortions.</p> <p>—Of the \$34 million, \$22.5 million shall be derived from the State Department's International Organization and Programs account (IOP), with the remainder from the Child Survival and Health account (CSH).</p> <p>—Of the amount derived from the IOP account that are not made available for UNFPA, the funds shall be transferred to the CSH account, and shall be made available for family planning, and maternal and reproductive health services.</p>	<p>Secretary of State determined that UNFPA was not eligible under Kemp-Kasten conditions.</p> <p>UNFPA received no funding from the United States.</p>

Fiscal Year	Administration Budget Request	Congressional Action/Legislative Conditions Enacted	Funding and Policy Outcome
2007	If UNFPA determined eligible for U.S. funds under the terms of Kemp-Kasten, \$25 million could be drawn from the proposed family planning/reproductive health program budget of \$357 million.	<p>Per H.R. 5522, Foreign Operations, Export Financing, and Related Programs Appropriations Bill:</p> <p>—\$34 million shall be available to UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No UNFPA funds available for programs in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account, does not commingle amounts with other sums, and UNFPA does not fund abortions.</p> <p>—Of the \$34 million, \$22.275 million shall be derived from the State Department’s IOP account, with the remainder from the Child Survival and Health account (CSH).</p> <p>—Of the amount derived from the IOP account that are not made available for UNFPA, the funds shall be transferred to the CSH account, and shall be made available for family planning, and maternal and reproductive health services.</p>	<p>Pending under continuing resolution P.L. 109-289, as amended by P.L. 110-5</p> <p>Secretary of State determined that UNFPA was not eligible under Kemp-Kasten conditions. UNFPA received no funding from the United States.</p>
2008	If UNFPA is determined eligible for U.S. funds under the terms of Kemp-Kasten, \$25 million would be drawn from the Child Survival and Health Programs account.	<p>—\$40 million shall be available to UNFPA, subject to Kemp-Kasten conditions.</p> <p>—No UNFPA funds available for programs in China.</p> <p>—No UNFPA funds available unless UNFPA maintains amounts in a separate account, does not commingle amounts with other sums, and UNFPA does not fund abortions.</p> <p>—Not less than \$7 million shall be derived from funding appropriated under the IOP, with the rest coming from the Global Health and Child Survival account.</p> <p>—Of the amount derived from the IOP account that are not made available for UNFPA, the funds shall be transferred to the Global Health and Child Survival account, and shall be made available for family planning and maternal and reproductive health activities.</p> <p>—Report to Congress and Dollar-for-Dollar Withholding of Funds: No later than four months after enactment, the Secretary of State shall report to Appropriations Committees on the “amount of funds that UNFPA is budgeting for the year in which the report is submitted for a country program in the People’s Republic of China.” If a report indicates that UNFPA plans to spend funds for a country program in China in the year of the report, the amount of funds that UNFPA plans to spend in China shall be deducted from the funds made available to UNFPA after March 1 for obligation for the rest of the fiscal year. Moreover, nothing shall be</p>	<p>Secretary of State determined that UNFPA is not eligible under Kemp-Kasten conditions. UNFPA will receive no funding from the United States.</p>

Fiscal Year	Administration Budget Request	Congressional Action/Legislative Conditions Enacted	Funding and Policy Outcome
		<p>construed to limit the authority of the President to deny funds to any organization due to the application of another law or provision.</p> <p>—Requires the Administration to make Kemp-Kasten determinations within six months of the enactment of the act, and directs that the decision must be accompanied by “a comprehensive analysis as well as the complete evidence and criteria utilized to make the determination.”</p>	
2009	<p>If UNFPA is determined eligible for U.S. funds under the terms of Kemp-Kasten, \$25 million would be drawn from the Child Survival and Health Programs account.</p>	<p>—\$50 million shall be made available to UNFPA, subject to Kemp-Kasten provisions, of which not more than \$30 million will be derived from the International Organization and Programs account.</p> <p>—Funds appropriated to UNFPA that are not made available because of the operation of any provision of law, shall be made available to UNFPA “notwithstanding any such provision of law.”</p> <p>—Funds for UNFPA shall only be used to: (1) provide and distribute equipment and medicine; (2) make contraceptives available; (3) prevent and treat obstetric fistula; (4) reestablish maternal health services; (5) promote the abandonment of female genital cutting; and (6) promote access to basic services.</p> <p>—No U.S. funds shall be made available to UNFPA unless it maintains U.S. funds in a separate account, does not commingle amounts with other sums, and UNFPA does not fund abortions.</p> <p>—No UNFPA funds shall be made available for a UNFPA country program in China.</p> <p>—No later than 60 days after the enactment of the act, the Secretary is required to submit a report to the Committees on Appropriations indicating the funds UNFPA is budgeting for a country program in China. If the Secretary’s report indicates that funds will be spent a China program, then the amount of such funds shall be deducted from the funds made available to UNFPA after March 1 for obligation for the remainder of the fiscal year in which the report is submitted.</p>	<p>UNFPA received an estimated \$50 million from the United States.</p>

Fiscal Year	Administration Budget Request	Congressional Action/Legislative Conditions Enacted	Funding and Policy Outcome
2010	\$50 million, drawn from the International Organizations and Programs account.	<p>—\$55 million shall be made available to UNFPA, subject to Kemp-Kasten provisions. Funds will be derived from the International Organization and Programs account.</p> <p>—Funds appropriated for UNFPA that are not made available for UNFPA because of the operation of any provision of law, shall be transferred to the Global Health and Child Survival account and shall be made available for family planning, maternal, and reproductive health activities.</p> <p>—None of the funds made available may be used by UNFPA for a country program in the People's Republic of China.</p> <p>—Funds made available for UNFPA may not be made available unless:</p> <p>(1) UNFPA maintains funds in an account separate from other accounts of UNFPA and does not commingle such funds with other sums; and</p> <p>(2) UNFPA does not fund abortions.</p> <p>—Not later than four months after the date of enactment of the act, the Secretary of State shall submit a report to the Committees on Appropriations indicating the amount of funds that the UNFPA is budgeting for the year in which the report is submitted for a country program in China. If the report indicates that UNFPA plans to spend funds for a country program in China in the year covered by the report, then the amount of such funds the UNFPA plans to spend in China shall be deducted from the funds made available to the UNFPA after March 1 for obligation for the remainder of the fiscal year in which the report is submitted.</p>	UNFPA received an estimated \$55 million from the United States
2011	\$50 million, drawn from the International Organizations and Programs account.	To be determined.	To be determined.

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